Missouri Pharmacy Program – Preferred Drug List

Growth Hormones

Effective 12/05/2007
Revised 10/02/2014

Preferred Agents
Available with Clinical Edits

- Nutropin®
- Nutropin AQ Vial®
- Nutropin AQ Cartridge®
- Nutropin AQ Pens®
- Norditropin Nordiflex/Pens®
- Norditropin Cartridge®
- Genotropin Cartridge®
- Genotropin Pen/Syringe®
- Increlex®

Non-Preferred Agents
Available with Clinical Edits

- Humatrope Pens®
- Humatrope Vial®
- Serostim®
- Zorbtive®
- Omnitrope®
- **Saizen Vial®**
- **Saizen Cartridge®**
- **Tev-Tropin®**
- Egrifta®

Approval Criteria

- Diagnosis of HIV with cachexia in the last 2 years.
    - Documented baseline body weight
    - Approval x 2 weeks
    - At 2 week follow up, no documented weight loss from baseline
    - Approval x 10 weeks
    - At 10 week follow up, patient's weight stable
    - Approval in 12 week increments
- For patients > 18 years of age:
    - Renal impairment, or chronic renal disease in last 2 years
    - History of growth hormone deficiency in last 2 years documented by one of the following:
        - Insulin Tolerance Test (ITT)
        - GH Stimulation Panel (with arginine, glucagons, propranolol, or levodopa
        - Serum IGF-I concentration (if ITT contraindicated)
        - Equivalent Diagnostic Test (subject to clinical review)
            - History of any of the following in the last 2 years: (subject to clinical review)
        - Prader-Willi Syndrome
        - Turner Syndrome
        - Crohns Disease
        - Cardiomyopathy
        - Short Bowel Syndrome

- Other Medically Accepted Uses (subject to Clinical Consultant Review)
    - Idiopathic Short Stature
    - Short Stature Homeobox Gene
- Follow up after 1 year may require repeat GH deficiency test within the most recent 6 months – (may be subject to Clinical Consultant Review)
- Egrifta

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
HIV, disease	042	Antiretrovirals	2 Years
Lipodystrophy	272.6	--	2 Years
Abnormal Fat Distribution	782.9	--	2 Years

    - Appropriate diagnosis of excess abdominal fat in HIV-infected patients with lipodystrophy
    - Currently compliant with antiretroviral medications (90 out of 120 days)
- Increlex

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Short Stature	783.43	--	2 Years

- Appropriate diagnosis of growth failure in children with severe primary IGF-1 deficiency (Primary IGFD) or with growth hormone (GH) gene deletion who have developed neutralizing antibodies to GH**.**
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
    - Documented trial period for preferred agents
    - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Absence of approval criteria
- Evidence of tumor activity or active neoplasm or current chemotherapy
- Lack of therapeutic response at any given interval
- Lack of performance of diagnostic testing
- Increlex
    - Patients with secondary forms of IGF-1 deficiency
        - Growth Hormone deficiency
        - Malnutrition
        - Hypothyroidism
        - Chronic treatment with pharmacologic doses of anti-inflammatory steroids
- Drug Prior Authorization Hotline: (800) 392-8030